

## DONATED FOOD LOSS REPORT

**FOR STATE OFFICE USE**

State Claim # \_\_\_\_\_

Total Value\$ \_\_\_\_\_

Recipient Agency: \_\_\_\_\_ County: \_\_\_\_\_ Total # of pages submitted \_\_\_\_\_

Name of School/Institution where loss occurred: \_\_\_\_\_

**THE INFORMATION YOU PROVIDE IN THIS REPORT WILL BE USED TO DETERMINE WHETHER OR NOT A CLAIM IS PLACED AGAINST YOUR AGENCY. *BE SPECIFIC, ATTACH ADDITIONAL PAGES IF NECESSARY.* CONTACT THIS OFFICE PRIOR TO SUBMITTING THIS REPORT IF YOU HAVE QUESTIONS.**

### I. GENERAL:

Date of this report: \_\_\_\_\_ Date this loss occurred: \_\_\_\_\_

(All food losses must be reported to the Food Distribution Office within ten days of the date of loss)

Was food examined when received: Yes \_\_\_\_\_ No \_\_\_\_\_ If not, why \_\_\_\_\_

Is First In/First Out practiced Yes \_\_\_\_\_ No \_\_\_\_\_ If not, why \_\_\_\_\_

Food \_\_\_\_\_

Pack Date \_\_\_\_\_

Date Received \_\_\_\_\_

Units Lost \_\_\_\_\_

Unit Value (from KY-FD-2) \_\_\_\_\_

Total Value \_\_\_\_\_

(attach additional pages as needed)

**GRAND TOTAL: \$ \_\_\_\_\_**

(from all pages)

**Circumstances surrounding this loss. Be as detailed as possible. Attach additional pages as needed.**

**(\*\* THIS SECTION MUST BE COMPLETED FOR ALL FOOD LOSSES \*\*)**

In your opinion was negligence involved in this loss? Yes \_\_\_\_\_ No \_\_\_\_\_

Reasoning: \_\_\_\_\_

Is any portion of this loss covered by insurance: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, what amount \$ \_\_\_\_\_

Was any of this food Recouped: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what was the salvage income \$ \_\_\_\_\_

If a claim is established against your Agency you request to: (please check the appropriate answer)

Replace in Kind \_\_\_\_\_

Replace with Like Item \_\_\_\_\_

Make Cash Payment \_\_\_\_\_

We will replace with \_\_\_\_\_

\_\_\_\_\_  
Signature School/Inst. Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**COMPLETE ONE OF THE FOLLOWING SECTIONS APPLICABLE TO THIS FOOD LOSS**

**II. FREEZER/COOLER FAILURE:**

**A COPY OF THE CURRENT TEMPERATURE RECORDING CHART AND THE PRIOR TWO MONTHS TEMPERATURE RECORDING CHARTS MUST ACCOMPANY THIS LOSS REPORT.**

Temperature Checks:

Frequency which temperatures are checked and recorded: \_\_\_\_\_

Readings Taken From:	Yes	No
Internal Thermometer	_____	_____
External Thermometer	_____	_____
Is there an Electronic Warning System	_____	_____

**III. INFESTATION/SPOILAGE/CONTAMINATION:**

Loss was caused by:

Insects infestation: \_\_\_\_\_ Rodent damage: \_\_\_\_\_ Other: (specify) \_\_\_\_\_

Extermination treatment provided: Yes \_\_\_\_\_ No \_\_\_\_\_ Service provided by: \_\_\_\_\_

Frequency of treatment: \_\_\_\_\_

Date of last treatment: \_\_\_\_\_

Storage Conditions:	Yes	No
Palletized	_____	_____
Ventilated	_____	_____

**PLEASE ATTACH COPIES OF THE PERPETUAL INVENTORY REPORT (KY-FD-20) FOR EACH ITEM, AND THE TEMPERATURE RECORDING CHART FOR THE PAST TWO MONTHS.**

**IV. THEFT:**

Were the Police Informed:

Yes \_\_\_\_\_ **A copy of the Police Report must be attached.**

No \_\_\_\_\_ If no, why: \_\_\_\_\_

Thief's Method of Entry: \_\_\_\_\_

Were Locks and/or Alarms Used: \_\_\_\_\_

**V. DISPOSITION OF FOOD:**

Was Food Inspected by Regional Coordinator or outside agency:

Yes \_\_\_\_\_ By \_\_\_\_\_ (Attach Report)

No \_\_\_\_\_ If not, why: \_\_\_\_\_

Finding of Inspection: Food Condemned \_\_\_\_\_ Other \_\_\_\_\_

Food Destroyed:

On whose authority was food destroyed: \_\_\_\_\_

How was food destroyed: \_\_\_\_\_

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**STATE OFFICE USE ONLY**

**RECOMMENDATION OF REGIONAL COORDINATOR:**

Regional Coordinator contacted: Date \_\_\_\_\_, and recommends the following: \_\_\_\_\_

**DIVISION OF FOOD DISTRIBUTION FINDING:**

No Claim \_\_\_\_\_ Claim \_\_\_\_\_  
Cash Payment \_\_\_\_\_  
In Kind Replacement \_\_\_\_\_  
Replacement with like item: \_\_\_\_\_ Replace with \_\_\_\_\_

Reasoning: \_\_\_\_\_

\_\_\_\_\_  
State Agent's Signature

\_\_\_\_\_  
Date